

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8952</b>	2. Fiscal Year Covered From <b>1 / 1 / 04</b> Through <b>12 / 31 / 04</b>
3. Name and address of person filing Name <b>FRANK S TRAINOR</b>  P O Box, Bldg, Room No, if any  Street <b>3710 Broad St.</b> City <b>SAN LUIS Obispo,</b> State <b>CA.</b> ZIP Code + 4 <b>93401</b>	4. Name, file number, and address of labor organization Name <b>Plumbers &amp; steam fitters</b> Labor Organization File Number <b>012-440</b>  P O Box, Building and Room Number, if any  Street <b>3710 Broad St.</b> City <b>SAN LUIS Obispo</b> State <b>CA</b> ZIP Code + 4 <b>93401</b>
5. Position in labor organization <b>Business AGENT</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any  P O Box, Bldg, Room No, if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed <u><b>Frank Trainor</b></u>	On <u><b>Aug 4, 05</b></u> <u><b>909-825-0359</b></u> Date Telephone Number

Name of Person Filing

FRANK J. TRAINOR

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any).

Name Inland Refrigeration Trust Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 3602 Inland Empire Blvd Suite B-206City ONTARIOState CALIFZIP Code + 4 91764

9 Business deals with

☒ a Labor Organization☐ b. Trust☐ c. Employer

10 If 9 b. or 9 c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Joint Labor, management  
Apprentice and Journeyman  
Training Trust Fund

11.b. Approximate dollar value of such dealing.

NA

12.a. Nature of interest held or income received.

WAGES for instruction hours

12.b. Amount.

1995.-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13 b. Is the Business an Employer or Consultant ?

14 b. Amount of payment.

Name of Person Filing

FRANK S. TRAINOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Inland Refrigeration Trust Fund

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 501 Shatto Pl. 5th floorCity LOS ANGELESState CALIF ZIP Code + 4 90020

9. Business deals with

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9 b. or 9 c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Joint Labor Management  
Employee Benefit Trust

11.b. Approximate dollar value of such dealing.

N/A.

12.a. Nature of interest held or income received.

EDUCATIONAL Conference I.F.  
(registration fee, Air fare, cab fare,  
meals ect) Relating to Conference  
Reimbursement expense

12.b. Amount.

2668-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8. Name and address of Business (including trade name, if any).

Name JERRY NIEL PAUL

Trade Name, if any: \_\_\_\_\_

P O Box, Bldg, Room No., if any \_\_\_\_\_

Street 5716 CORSA AVE, Suite 203City Westlake VillageState CA ZIP Code + 4 91362

## 9 Business deals with

☒ a Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b or 9.c is checked give trust or employer's name

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

## 11.a. Nature of such dealing.

LAW FIRM that handles  
Asbestos related Services for  
members

## 11 b. Approximate dollar value of such dealing

NA

## 12 a. Nature of interest held or income received.

Christmas gift certificates

## 12 b. Amount.

150.

C. Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant  
(including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P O. Box, Bldg, Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

## 14 a Nature of payment.

13 b Is the Business an Employer or Consultant ?

## 14 b. Amount of payment.

Name of Person Filing

Frank S TRAINOR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Inland Refrigeration Trust Fund.

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 3602 Inland Empire Blvd, Suite B-206City ONTARIOState CALIF ZIP Code + 4 91764

9 Business deals with

☒ a Labor Organization☐ b. Trust☐ c. Employer

10. If 9 b or 9.c. is checked give trust or employer's name

Name \_\_\_\_\_

Trade Name, if any \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

Joint Labor, Management  
Apprentice And Journeyman  
training Trust Fund

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

Supplies for classes  
that were reimbursed

12.b. Amount.

1520-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any \_\_\_\_\_

P O Box, Bldg, Room No, if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.